

# **Human Services Recommendations Report**

## **April 2007**

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**King County, Washington**



**King County**

Department of  
Community and Human Services

## Contents

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I.	Purpose.....	1
II.	New Ways of Doing Business.....	1
III.	King County’s Role in Human Services.....	11
IV.	Current Use of County Discretionary Resources .....	14
V.	Recommendations to Update the 1999 Framework Policies.....	17
VI.	Priority Areas for Human Service Efforts and Resources .....	17
VII.	Challenges for the Future .....	19
VIII.	Recommendations.....	22
IX.	Implementation Plan.....	23

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### **I. PURPOSE**

To clarify the county's role as a partner in the regional human service system, maximize the effectiveness of county resources, and establish priorities for human services supported with county general funds, the Metropolitan King County Council in 1999 called for the development of a policy framework for human services. A process for re-assessing human service needs and priorities over time was established through the submission of periodic Human Services Recommendations Reports by the King County Executive to the council. The adopted framework policies and subsequent recommendations reports, all developed with input from the human services community, guided human services funding priorities for many years.

In 2005, the County Council sent to the voters a ballot measure to create a new regional funding source for housing and human services for veterans, their families and others in need. King County voters approved that measure in November 2005. On April 10, 2006, the council adopted Ordinance 15406 to guide implementation of the Veterans and Human Services Levy. In recognition of the many changes to human services in recent years, including the newly approved levy and other regional planning efforts, the council's ordinance included the following requirements:

- Propose updates to the original Framework Policies for Human Services
- Specifically address human services paid for with county discretionary funds
- Address the King County Auditor's contract performance audit recommendations related to current expense-funded Community Services Division contracts
- Prepare a Human Services Recommendations Report to incorporate the above elements
- By April 2, 2007, transmit legislation to request council adoption of the policies.

This Human Services Recommendations Report includes a description of the updated framework policies and meets the other requirements of the council's ordinance, as well as describing the challenges and priorities for human services for the near future.

### **II. NEW WAYS OF DOING BUSINESS - FROM THE PAST TO THE PRESENT**

Starting in 2000, King County began to face the reality that its operating budget did not meet expenditure requirements. Several factors led to this budget emergency, including declining county revenues as previously unincorporated areas became annexed or incorporated into cities, a lingering post-9/11 recession, and flagging state and local revenues. An area of very high concern was the spiraling costs of criminal justice growing faster than the revenues to sustain them, not just at the county level but impacting the state and cities as well. One particularly frightening projection at that time estimated that King County's criminal justice costs would consume the entire county general fund budget by 2008, leaving no funding for any other county services, including health and human services.

Given this bleak projection, numerous options were considered, including the possibility of eliminating all non-mandated services. Elimination was strongly opposed by the community, with agencies and cities voicing concern that termination of county funding for human services, the majority of which are not mandated, would have a huge impact on their resources, and on quality of life.

In the years since the original framework was adopted, and as the county has worked through its fiscal crisis, numerous shifts in policy direction in different segments of county government have impacted the human services environment in King County. Examples of these new ways of doing business follow.

**A. Implementation and coordination of multi-system partnerships**

Since the original Human Services Framework Policies were adopted, the county and its partners have collaborated in the development of several new service systems, or the enhancement of existing service systems, through a deliberate strategy of bringing together a multitude of partners, players and stakeholders. Each of the following examples of multi-system partnerships has had an indelible impact on the regional human services system, as we know it today.

- 1. Juvenile Justice Operational Master Plan (JJOMP):** In the late 1990s, King County was experiencing seriously escalating criminal justice costs, including juvenile justice. King County's juvenile detention center was at full capacity, and left uncurbed, would have forced the county to finance and construct an additional facility. King County Executive Ron Sims was strongly opposed to building expanded youth detention capacity and chose, instead, to call for other ideas for reducing the census. This policy decision led to the convening of a broad group of stakeholders charged with developing a comprehensive Juvenile Justice Operational Master Plan (JJOMP), with phase one introduced in 1998 and phase two in 2000. The plan not only made recommendations internal to the juvenile justice system, but also called on other stakeholders, including human service providers, to participate in the common goals of reducing the census, procuring treatment services, improving links to those services, and enhancing the overall quality of life and opportunities for success for juvenile offenders.

Many of the initiatives put into place have now been in operation for several years, and the lessons learned from this extraordinary cross-system collaborative effort stand as shining examples of the power of partnerships to improve outcomes and reduce costs. The JJOMP was among the first King County initiatives to put evidence-based practice programs into place – programs specifically targeted to troubled youth that provide young people and their families with meaningful intervention programs and positive coping skills. Providers who contract with the county have implemented these evidence-based practice programs, in collaboration with the justice system and others.

To increase knowledge of “what works,” in 2005 the county and its partners focused considerable energy on the completion and implementation of the *Elements of Successful Programs* guidebook and assessment tool, designed to share information on the programs and services that have demonstrated the most positive results in reducing

recidivism. Training and technical assistance have helped local agencies across the county to incorporate those elements into their programs.

Examples of other collaborative efforts undertaken in the past several years to help justice-involved youth include the Juvenile Justice System Integration Initiative, which addresses child welfare and juvenile justice system improvements; Reclaiming Futures, a Robert Wood Johnson Foundation grant focused on substance abusing or dually-diagnosed youth offenders and their families living in certain high-risk communities in King County that provides treatment and court services and coordination of services; a Burns Institute project that focuses on reducing disproportionate minority confinement; and Reinvesting in Youth, an effort to work with youth involved in the justice system and those at high risk of involvement, in order to reduce or prevent detention or recidivism through best-practice intervention programs like Multi-Systemic Therapy, Functional Family Therapy, and Aggression Replacement Training.

Because of the success of its juvenile justice programs, not only was the need to build an additional facility eliminated, but also several sections in the county youth detention facility have subsequently been closed, as they are no longer needed. The county estimates that it has saved \$3 million each year since 2002 as a result of its juvenile justice alternatives. More important, juvenile justice programs are showing reductions in recidivism and other positive outcomes for youth. For example, Project TEAM (Tools, Empowerment, Advocacy, Mastery) working with children and parents involved in the At-Risk Youth/Child in Need of Services or truancy petition processes reported an approximate 50 percent decline in arrests and convictions for youth enrolled in Project TEAM and an approximate 34 percent decrease in detention admits.

2. **Adult Justice Operational Master Plan (AJOMP):** Building on processes and successes established by the JJOMP, the partners in the adult criminal justice system came together to develop a similar plan to address overcrowding issues and the need for alternative programs for adults in the county jails. The Adult Justice Operational Master Plan (AJOMP) adopted by the King County Council in 2002 sought to:
  - Explore alternative types of sanctions that would meet the needs of public safety, be cost effective, and reduce future criminal behavior
  - Identify justice system process improvements that would reduce costs
  - Establish a capacity framework and recommendations for King County detention facilities that specifically address the need to build additional jail capacity for the next decade.

The county created a new community corrections division within the Department of Adult and Juvenile Detention to develop and oversee a variety of jail alternatives, including work education release, community work programs, electronic home detention, and the Community Center for Alternative Programs (CCAP). The latter, similar to a day reporting center, provides a variety of human services including treatment, domestic violence education classes, vocational training, and other services that seek to help people reduce jail time and prevent re-offending. The CCAP is a key participant in the Criminal Justice Initiatives created in 2003.

3. **Criminal Justice Initiatives:** The 2003 King County budget dedicated \$2.2 million to develop adult justice system alternatives. The Department of Community and Human Services convened a cross system planning process early in 2003 to develop those initiatives. The goal was a continuum of services to engage individuals in the jail and connect them to the treatment programs they need for success in the community upon discharge, including:
- Improved screening and needs assessments
  - Jail-based criminal justice liaisons to link courts, jail and treatment systems and services
  - Co-occurring disorder treatment to coordinate mental health and substance abuse needs
  - Assistance with Medicaid and drug/alcohol treatment applications
  - Intensive outpatient treatment at the Community Center for Alternative Program operated by King County Community Corrections
  - Housing, methadone and mental health service vouchers.

One of the most beneficial outcomes was the creation of a continuum of services for individuals in jail with mental illness and chemical dependency – assessing their needs, connecting inmates to treatment services in the jail, and facilitating housing and community services upon discharge. Criminal justice alternatives rely on extraordinary partnerships and collaboration between governments, treatment providers, courts, law enforcement, jails, employers and employment programs, and others.

The county's investments in programs and services to reduce the jail population, reduce recidivism, and improve linkages to treatment services and other supports have achieved significant benefits – for the county, its cities, and its taxpaying citizens. King County estimates that its alternatives to incarceration have saved the county almost \$3 million in adult detention costs annually. The county's criminal justice initiatives save money without sacrificing public safety, and are showing success in stabilizing lives and helping people achieve recovery and self-sufficiency.

4. **King County Consolidated Housing and Community Development Plan for 2005-2009:** This five-year strategic plan addresses the housing and community development objectives for all of King County outside the City of Seattle. Adopted by the King County Council in the fall of 2004, it lays out specific strategies to help accomplish three major goals: 1) ensure decent affordable housing; 2) end homelessness (consistent with the Ten-Year Plan to End Homelessness); and 3) establish and maintain a suitable living environment and economic opportunities for low and moderate-income people. The plan established the desired outcomes for the goals and strategies, with measurable indicators that are reported annually.
5. **Ten-Year Plan to End Homelessness in King County:** The Ten-Year Plan created by the Committee to End Homelessness in King County (CEHKC) and adopted by the King County Council in 2005 represents a fundamental shift in the thinking and goals

of funders, providers, and the entire community - a shift to ending homelessness rather than simply managing it. The plan was developed with the active participation of homeless and formerly homeless people, faith communities, philanthropy, business, governments, human services providers, non-profit housing developers, and other stakeholders throughout King County. Key strategies include preventing homelessness, rapidly housing those who do become homeless and providing access to the services households need to maintain their housing. The plan addresses the need to ensure that individuals exiting prison, inpatient treatment facilities and other institutions, as well as youth leaving foster care do not become homeless. Best practices such as housing first and permanent supportive housing are highlighted and implemented. The plan also recognizes that building the public and political will is critical to achieving the monumental goal of ending homelessness, and that in order to obtain public will, all parties must be accountable for clear and measurable outcomes.

King County was voted to serve as the home for the CEHKC, with staff based in the Department of Community and Human Services. The CEHKC is a multi-jurisdictional regional effort providing policy guidance to the countywide effort to solve the issue of homelessness. It brings together King County, City of Seattle, Suburban Cities Association and its member cities, United Way of King County (UWKC), homeless and formerly homeless individuals and advocates, businesses, faith communities, service providers, funders and many others. The CEHKC is a partner in the development and implementation of many current operational plans that intersect with homelessness.

Taking an important step toward improving and encouraging coordination of housing funding, in 2006 the CEHKC Governing Board passed a resolution calling for the coordination of funding cycles, applications, funding awards and reporting requirements amongst the key funders in King County.

In the interest of furthering the Ten-Year Plan, King County joined a group of public funders working together to reduce barriers to non-profits seeking funding for homeless housing projects. In 2006, a joint Notice of Funding Availability (NOFA) was released utilizing funds from King County, Seattle, UWKC, Sound Families and the Seattle and King County housing authorities to fund capital, operating expenses and supportive services. Among the future goals is developing a common selection process and working toward the time when a non-profit can apply for all of its public funding with one application and a single set of priorities.

6. **Developmental Disabilities Working Age Adult Policy:** In October 2005, King County kicked off implementation of the state-mandated Working Age Adult Policy, which challenges each county to work harder to engage and serve people with developmental disabilities in work-related services and planning. The goal is to help every person of working age (under age 62) to achieve skills training and employment opportunities in the community. Many partners participated in the development of King County's plan and are involved in the implementation effort, including county and local government, employment provider agencies, and public and private businesses.

7. **Children's Mental Health Plan:** Lessons learned from a six-year federal demonstration project called Children and Families In Common informed the drafting of King County's Children's Mental Health Plan, finalized in April 2005. The plan incorporated the involvement of treatment providers, schools, courts, other social service agencies, families and other stakeholders. Proven practices such as Project TEAM, providing wraparound services for multi-system involved at-risk youth and their families were continued, and a new and improved children's crisis outreach system was implemented, utilizing the Crisis Clinic and the YMCA of Greater Seattle to improve and enhance assistance to youth and families in crisis. Significant stakeholder review and collaboration was key in the development and implementation of the children's mental health plan. Recent work brought together county juvenile justice, child welfare and mental health and chemical dependency treatment systems to find ways to better coordinate and integrate services for youth involved in the juvenile justice system who have mental health and substance abuse disorders.
8. **Mental Health Recovery Plan:** The Mental Health Recovery Plan, developed by the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) and its many stakeholders in 2006, provides another example of doing business in new ways with its focus on the concepts of client-centered services and the promotion of a full and productive life despite a long-term illness or disability. Research has shown that full participation from clients is integral to mental health recovery. Systems that foster client dependence are usually ineffective in assisting clients to achieve recovery-oriented goals such as employment and independent housing. Recovery-based services call for collaboration between the client, the client's natural supports (e.g., family and friends) and multi-system service providers to assist clients to achieve their self-identified goals. By facilitating the achievement of life goals through interdependent relationships with others, client involvement in criminal justice, chemical dependency and hospitalization services can decrease dramatically, and normalization of life in the community can increase significantly. The Recovery Plan is helped by the close collaboration of mental health and chemical dependency service systems and enhanced by multi-system partnerships in adult and juvenile justice, housing and employment.
9. **Veterans and Human Services Levy:** Approved by King County voters in November 2005, the Veterans and Human Services Levy will provide additional needed funding for housing, health and human services for veterans and other military personnel, their families, and others in need. A Service Improvement Plan, developed with input from a broad range of veterans groups and human services advocates and providers and approved by the council in October 2006, describes how levy proceeds will be managed and allocated.

The Service Improvement Plan identifies four target populations for levy expenditures:

- 1) Veterans, military personnel and their families in need
- 2) Individuals and families who experience long-term homelessness
- 3) Individuals who have been recently released from prison or jail
- 4) Families and young children who are at risk for homelessness or involvement in justice or other systems.



The plan establishes five overarching investment areas where levy efforts will focus:

- 1) Enhancing services and access for veterans and their families
- 2) Ending homelessness through outreach, prevention, permanent supportive housing and employment
- 3) Increasing access to behavioral health services
- 4) Strengthening families at risk
- 5) Increasing effectiveness of resource management and evaluation.

The plan aligns levy activities with other initiatives targeting the same or similar populations – e.g., the Committee to End Homelessness in King County, Healthcare for the Homeless, Mental Health Recovery Plan, JJOMP, AJOMP – in a concerted effort to foster collaboration, maximize resources, and achieve shared goals and objectives.

- 10. Public Health-Seattle & King County Public Health Policy Framework:** In addition to the Framework Policies for Human Services, King County requires a separate framework for Public Health whose purpose is to define policies and create a sustainable operational and financing model for the provision of essential public health services. That framework (currently in draft form) proposes three public health functions: health promotion, health protection, and health provision. It also proposes guiding principles, calling for Public Health’s strategies, policies, and programs to be 1) based on science and evidence; 2) focused on prevention; 3) centered on the community; and 4) driven by social justice. The policy framework for Public Health provides criteria for prioritizing public health activities.

The Human Services Framework Policies and the Public Health Policy Framework clearly have points of intersection and overlap. Both envision and work toward healthy communities, both are driven by principles of social justice, and both embrace prevention strategies. The Public Health framework, however, includes broad community-wide strategies for access to care, disease and injury prevention, and protection of the public’s health. In contrast, the human services framework focuses particularly on those “most in need” for the overwhelming majority of its programs and services – working to help improve and stabilize the lives of people and to prevent or reduce involvement in other costly public systems such as jails, juvenile detention, local inpatient facilities, and state hospitals.

Using the human services framework, certain health-related strategies clearly meet and contribute to the priorities for early intervention and prevention, elimination of homelessness, and reduction of impacts to the justice and emergency medical systems. When people face barriers to accessing community-based primary health care services, health problems worsen and can result in significant and costly use of emergency health services. The departments with primary implementation responsibilities — the Department of Community and Human Services, Public Health-Seattle & King County, the Department of Adult and Juvenile Detention and the courts — must work in close coordination with each other, examining applicable guidance and principles from both of the policy frameworks and other master plans to achieve maximum success in the areas of shared concern.

## B. Regional Human Services Long-range System Planning

Finding long-term solutions requires the energy, involvement and commitment of partners across the region, including human service providers, elected officials and private citizens. Several efforts over the past decade, beginning with Regional Finance and Governance efforts in the 1990's, have sought to look at the broader issues of priority populations, priority service areas, funding needs, funding shortfalls and related issues. Each picked up where earlier efforts left off, with the goal and intent of moving the regional human services system toward higher levels of organizational and funding stability.

1. **Regional Policy Committee:** The Regional Policy Committee (RPC) was established as a result of the merger of King County and Metro, when King County voters approved charter amendments that specifically required the development of three regional committees, which included the RPC. Comprised of elected representatives from the King County Council, the City of Seattle and the Suburban Cities Association, the RPC reviews and recommends certain regional policies and plans. Human services have been a significant focus area.

In 2002, in recognition of the county's budget woes, the RPC developed a Health and Human Services Work Plan, with its first task the prioritization of certain human services it ruled to be of critical importance to the region that King County should continue to fund despite its fiscal crisis. The county council followed this direction as it made funding decisions for the 2003 budget. As its second task, the RPC drafted organizing principles for regional versus local human services responsibilities, and prepared a document to list and group human services programs and efforts as they related to the five community goal areas previously endorsed by King County, United Way of King County, Seattle, Bellevue, and others. Those goal areas were 1) Food to eat and a roof overhead; 2) Supportive relationships within families, neighborhoods and communities; 3) A safe haven from all forms of violence and abuse; 4) Health care to be physically and mentally fit as possible; and 5) Education and job skills to lead an independent life. This effort was accomplished with the involvement of city and county human service planners, providers and other stakeholders. The final list grouped human services in three columns, identifying those that were local responsibilities to be funded by city governments; regional services primarily funded by state and federal governments; and "regional services recommended for a countywide partnership." While making recommendations as to the services that should be included in the latter list, the RPC report did not address funding issues.

2. **Task Force on Regional Human Services:** As the county continued to struggle with funding shortfalls, the human services community called for a citizen task force to explore long-term solutions to the uncertainty of regional human services funding. In 2003, King County Executive Ron Sims identified approximately \$7 million per year of additional current expense (CX) funding, thus avoiding any serious cuts to human services. At the same time, the executive announced his decision to convene the Task Force on Regional Human Services, comprised of countywide representatives from business, social services, medicine, foundations, housing, city government and faith communities. Their charge was to examine and determine unmet need for services and

propose practical and strategic recommendations for achieving long-term funding stability. Regular briefings were provided to the RPC and the council as the Task Force conducted their studies. The final report issued in 2004 found a significant need for human services unmet due to lack of funding, and called for immediate countywide collaborative planning, management, and funding from all jurisdictions, as well as the private sectors.

3. **Healthy Families and Communities:** To follow up on these findings and take the effort further, Executive Sims brought together a new group in 2005, the Healthy Families and Communities (HFC) Task Force, and charged them with identifying the funding gaps for the regional services included on the RPC's 2002 list and suggesting sources of funding to close these gaps. The membership was similar to the first group, but also included elected officials and human services providers. They were to recommend a possible 2006 ballot measure, but during the course of their deliberations, the RPC and the King County Council moved forward with the Veterans and Human Services Levy. Mindful of the fact that the levy would generate funds for only six years and that the amount generated would be insufficient to close the funding gap, the HFC proceeded with its work. Their final report estimated a gap of about \$83 million and proposed a number of funding options for executive and council consideration.

Each of these efforts helped to bring the community together to listen and learn from each other and to look at human services issues from a broader perspective. They were instrumental in helping to strengthen the perspective of regional issues, regional needs, and regional solutions.

#### C. Results-oriented strategies

1. **Advances in research and evidence-based practices:** Client and service data are used by researchers in the design and implementation of evidence-based practices. Such practices require strict adherence to specific components of program delivery, data collection, and achievement of explicit outcomes. Implementation of these and other promising practices can be found in health and human services programs across all levels of the public and private sectors. King County has implemented evidence-based and promising practices in a number of human services areas, including:
  - Juvenile justice programs with demonstrated success in reducing recidivism and achieving positive outcomes for youth and their families, such as Multi-Systemic Therapy, Functional Family Therapy, and Aggression Replacement Training
  - The *Elements of Successful Programs* guidebook identifying components to treatment and services for at-risk youth that research has shown to be effective in engaging and serving juvenile justice involved youth
  - Supportive housing strategies, such as housing first through which homeless people are not only assisted in locating and paying for affordable housing, but are also provided with an array of supports to assist them to remain in their homes

- Alcohol and drug treatment programs with proven effectiveness in reducing recidivism, e.g., Cognitive Behavioral Therapy, Access to Recovery
- Recovery-oriented programs for persons with mental illnesses that feature client voice in treatment planning, and in obtaining housing and employment
- Co-occurring disorder treatment programs to better serve people with dual diagnosis of mental illness and chemical dependency
- Assertive Community Treatment multi-disciplinary teams providing comprehensive, community-based psychiatric treatment and supports to help people with severe mental illnesses live in their communities
- Early intervention strategies for infants and toddlers birth to age three served through King County's Developmental Disability Division
- Supported employment programs for people with developmental disabilities that feature person-centered planning, customized employment strategies, and interagency collaboration
- Infant home visiting programs for first-time parents—including Nurse Family Partnership and Parents as Teachers—that are proven to reduce future criminal justice system involvement and reduce child abuse and neglect
- Youth mentoring programs proven to improve school success and reduce justice system involvement
- The widespread use of chronic disease management practices in health care programs, including the use of disease registries and self-management supports that follow proven national models to improve patient outcomes.

2. **Performance measurement, data collection and analysis:** King County human services programs and providers are increasingly called upon to use data as a key component of planning, decision-making, performance monitoring, and service delivery. While these database approaches have become common in private business, the human services arena has lagged behind. The costs of hardware and software and the training to build the technical expertise required to implement data-driven systems have been barriers to widespread development of database management strategies. This is especially true in times of uncertain or diminished funding. However, human service environments with the capacity to use data in the development of management and performance indicators and to provide information about the quality, availability, and efficiency of service delivery systems have a competitive edge.

The ability to evaluate and analyze the success of a program through data, outcomes and performance measures are increasingly critical components. Over time, King County and its providers must improve their technical expertise, analytical skills and information system capabilities to remain viable participants in the provider networks, demonstrate success, and build public and private support for human services programs and funding.

3. **Contracting procedures:** The majority of human services provided by King County are managed via contracts with numerous human services agencies in the community. In fact, the Department of Community and Human Services (DCHS) in 2006 contracted out over 79 percent of its nearly \$250 million budget through over 500 contracts to community-based agencies, generally nonprofits of varying size, capacity, sophistication and mission.

King County has worked diligently to upgrade its contractual requirements so that the changes demanded from the evolving human services systems are incorporated into contract terms. Service contracts typically address eligibility criteria, program and reporting requirements, payment mechanisms, and usually include accountability requirements. When feasible, contract providers are asked to submit electronic reports, monitor outcomes, employ evidence based practice interventions, and provide other evidence of meeting contract requirements. However, there is still a long way to go to improve timelines, sophistication, performance management, and analytical skills.

In March 2006, the King County Auditor conducted a review of human service contracts funded by current expense and administered by the DCHS Community Services Division (CSD). Following that study, the auditor issued recommendations with regard to those contracts. The report called for 1) continued efforts with other regional human service funders to align outcome measures and share performance data; 2) periodic competitive selection processes for contracts funded with discretionary dollars; 3) development of compensation terms linked to outcomes; 4) careful review of contract invoices and required documents; 5) assessment for how performance targets are set; 6) using performance data to inform decision-making processes, such as contractor selection and amount of funding; 7) determination as to whether current funding practices are consistent with the department's objectives and business plan; and 8) development of standards and expectations for contractor monitoring (site visits and desk reviews) and adequate training for contract compliance staff.

The continued improvement and sophistication of contracting procedures and performance monitoring will be largely dependent on the improvements previously noted in performance measurement, data collection and analysis, implementation of best and promising practices, and nimble response to program and system evaluation.

Taken together, the policy and practice areas described in the section above demonstrate the ways the business of human services has evolved since the original framework policies were developed, and illustrate how King County's role has changed in concert with that evolution.

### **III. KING COUNTY'S ROLE IN HUMAN SERVICES**

With support from the human services community, since 1999, King County has assumed a much stronger leadership and oversight role for a broad range of community health, housing and human services, as illustrated in the previous sections, that help the county's most vulnerable and troubled citizens achieve stability, improved health, a higher quality of life, and increased self-sufficiency.

The impetus for the beginning evolution of human services was the county's serious financial crisis of 2000. Difficult decisions were made to reduce programs and services in some areas, while increasing the county's investment in others. The biggest shift was embracing new partners to focus on developing criminal justice services, employment services, and ending homelessness. These new partnerships, and the leadership role that King County asserted in the convening of workgroups and the development of alternative programs, helped to bring about the growth of the county's role as a regional entity and regional leader.

The county fostered and built cross system collaborations to connect the pieces – treatment, housing, employment and other supportive services – that had previously contributed to lack of success in people's recovery or caused individuals to fall through the cracks. The county also increased its investments in prevention and early intervention services to forestall the need for more intensive and expensive services down the road.

As it has built credibility and success in the criminal justice alternatives arena and begun to see improvements in the lives of people being served, e.g., reductions in criminal justice impacts and costs, the county realized it had a significant financial stake in maintaining a regional role in human services and preserving regional programs and services. Policy makers are no longer looking at disbanding human services, but are looking to identify and support those programs and services that have the greatest impact on stabilizing fragile populations and achieving the best return on investments of public dollars.

As such, King County government collaborates with other jurisdictions and organizations to help define and support the region's human services infrastructure. This effort takes many forms, as King County works with its many partners to:

- Assess and measure the health, strengths and ongoing needs of individuals, families and communities
- Ensure regional access to services across the county
- Explore and develop best and promising practices for effective service design and delivery
- Advocate for funding from public and private sectors
- Build coalitions and partnerships to leverage resources and improve funding stability
- Evaluate outcomes of programs and services
- Address and improve data collection, reporting processes and contracting procedures
- Develop regional plans, understanding unique issues of different communities.

As noted previously, the Regional Policy Committee separated human services into three lists: regional services primarily funded by state and federal governments, other regional services, and local/municipal services.

King County has long held responsibility for the development and implementation of state and federally funded countrywide human service systems for mental health, drug and alcohol, public health, and developmental disabilities. King County executes this role chiefly through the legislative requirements and funding provided by the State of Washington and the federal government. The county's decision to merge mental health and substance abuse services into

one division was not typical of other counties, but has been a key ingredient in the county's success in improving coordination of care for those with dual diagnosis and especially for those who are chronically homeless.

In non-mandated areas of human services, King County plays an important role in identifying regional needs in collaboration with other governments (federal, state and local), social service agencies, United Way of King County, businesses, faith communities, philanthropy, schools, criminal justice systems, and others. Coordination between the county, local jurisdictions and public/private partners aids in supporting and helping to administer a range of vital regional service systems such as domestic violence and sexual assault victim's services, information and referral, employment, youth and family services, and other programs. King County provides financial support to these systems as one member of the countywide partnership, and works with the partners to ensure the continuation of these services for the good of the region.

King County serves as the local government for the unincorporated areas and works with local jurisdictions and service providers, as well as the recognized unincorporated area councils, to assure regional access to programs and services for residents of the unincorporated areas. In recent years, efforts have focused on working with the unincorporated areas and adjacent cities to foster discussions on annexation or incorporation of urban unincorporated areas to improve access to a range of services, including human services. As the county refines its strategies for providing services to rural area residents, it will be important to ensure that exploration of human services access and service provision are included in those rural initiatives.

One unique area of involvement is aging services. King County serves as one of three sponsors for the federally designated Area Agency on Aging (AAA), but does not serve as the regional coordinator. That responsibility rests with Seattle's Aging and Disability Services (ADS), which administers AAA funding and mandates. The 2006 AAA budget totaled about \$31 million in federal, state and local funds, about half of which were "nondiscretionary" funds to support services like Medicaid case management and home care. About \$8.9 million was available to support other identified needs, and the AAA sponsors – Seattle, King County and United Way of King County – help to make those funding decisions. However, many services outside the AAA were designated by the RPC as a local responsibility. Historically, King County's aging funding has focused on supporting senior services in or near unincorporated areas, in an effort to improve access to services for its unincorporated area residents. The aging program will be one of the programs areas to be examined as part of the HSRR implementation, in order to clarify the county's role and funding priorities.

Another role and responsibility of government is to staff citizen advisory boards and inter-jurisdictional policy committees created and mandated by state or county legislation to provide advice and input on programs, services, priority populations, and funding decisions. King County has fourteen boards or councils dedicated to housing and human services:

- Aging and Disability Services Advisory Council
- Alcoholism and Substance Abuse Administrative Board
- Board for Developmental Disabilities

- Children and Family Commission
- Committee to End Homelessness in King County Governing Board
- Committee to End Homelessness in King County Consumer Advisory Council
- Community Organizing Program Advisory Board
- Health Care for the Homeless Network Planning Council
- Joint Recommendations Committee (housing and community development)
- Mental Health Advisory Board
- Regional Human Services Levy Oversight Board
- Veterans' Program Advisory Board
- Veterans' Levy Oversight Board
- Women's Advisory Board

#### **IV. CURRENT USE OF COUNTY DISCRETIONARY RESOURCES**

While the majority of the county's human services are provided by the Department of Community and Human Services (DCHS), a range of other services and programs are offered by other county departments, notably Public Health-Seattle & King County (PHSKC), Adult and Juvenile Detention (DAJD), the Office of the Prosecuting Attorney (PAO), Superior Court and others.

The following table illustrates the county's projected 2007 expenditures that fall within the umbrella of health and human services. A total of \$18.7 million is budgeted for human services administered within the framework policies and funded by county discretionary dollars from the Children and Family Set-Aside Fund (CFSA), which represents funds garnered from portions of a local option sales tax, parking garage revenues and Solid Waste revenues; and current expense (CX) general fund dollars.

An additional line item notes funding allocated to special programs and projects – one-time only funds designated for services or special projects supporting a range of community services. These funding awards must comply with all contracting requirements but are not required to compete in a competitive process for funding or meet the priorities of the framework policies. The 2007 county discretionary budget total is just under \$23 million.

Noted in the chart is the 2007 budget for the Veterans and Human Services Levy, with \$25.5 million budgeted for expenditure in 2007 (which includes about \$13 million in carryover funds from 2006). Procurement plans for levy funds will be developed and competitive processes will be conducted in 2007 to release those funds to community-based agencies to provide housing and services for veterans, their families and others in need.

All together, the combined county fund sources total over \$48 million. Also shown but not included in the service total are administrative costs (DCHS portion only; other department totals were not available) to provide program oversight, contracting and evaluation for these county-funded programs and services.

While the chart includes Children and Family Commission funding, it does not reflect the approximately \$25 million additional dollars that support a range of human services programs



provided and funded within the budget for PHSKC. As discussed previously in this report, King County is in the process of establishing broad public health policy through the Public Health Operational Master Plan. This policy framework will provide criteria for prioritizing public health activities and will result in recommendations regarding operational implementation and funding. As a result, discretionary CX in Public Health will be assessed through that process, in conjunction with DCHS to identify human service activities.

## Funded Discretionary Human Services -- 2007 Adopted Budget

### Adult Criminal Justice

Mental Health Court (DCHS)	\$ 88,000
Mental health services (DCHS)	\$ 1,258,437
Chemical dependency services (DCHS)	\$ 728,535
Services provided to Community Center for Alternative Programs (DCHS)	\$ 463,707
Criminal Justice Initiatives (DCHS)	\$ 1,054,524
Community Corrections programs (DAJD)	\$ 350,000
<b>Subtotal</b>	<b>\$ 3,943,203</b>

### Juvenile Justice Interventions

Juvenile justice interventions (DCHS, Superior Court)	\$ 3,142,035
Functional Family Therapy (DCHS)	\$ 229,036
<b>Subtotal</b>	<b>\$ 3,371,071</b>

### Other Youth Programs

Youth and Family Services Association (DCHS)	\$ 1,223,281
Youth intervention and prevention programs (DCHS)	\$ 1,288,851
White Center youth programs (Parks)	\$ 183,903
<b>Subtotal</b>	<b>\$ 2,696,034</b>

### Homeless Prevention/Homeless Housing

Shelter and transitional housing, housing vouchers (DCHS)	\$ 1,119,259
Youth homeless shelters (DCHS)	\$ 261,909
<b>Subtotal</b>	<b>\$ 1,381,169</b>

### Employment/Job Training (including training for at-risk youth)

King County Jobs Initiative, other employment services (DCHS)	\$ 1,930,505
<b>Subtotal</b>	<b>\$ 1,930,505</b>

### Domestic Violence/Sexual Assault Services/Batterers Treatment

Services and supports (Prosecuting Attorney's Office/Superior Court)	\$ 798,936
Domestic violence/sexual assault/batterers treatment services (DCHS)	\$ 1,675,783
<b>Subtotal</b>	<b>\$ 2,474,719</b>

### Senior Services

Senior services (DCHS)	\$ 801,686
<b>Subtotal</b>	<b>\$ 801,686</b>

### Information and Referral

Crisis Clinic, Child Care Resources, other programs (DCHS)	\$ 481,940
<b>Subtotal</b>	<b>\$ 481,940</b>

### Public Health Services

Children and Family Commission - early childhood services	\$ 1,705,028
Note: Other health and human services funding (approximately \$25M) will be examined jointly by DCHS and PHSKC through the Public Health Operational Master Plan process	
<b>Subtotal</b>	<b>\$ 1,705,028</b>

**Services Total** \$ 18,785,356

**Special Programs (Community Services Division)** \$ 4,183,600

**CX/CFSA total** \$ 22,968,956

**Veterans & Human Services Levy Funds 2007** \$ 25,522,012

(includes \$13M carryover of unspent funds from 2006 for one-time expenditures)

**Programs and Services Oversight and Administration** \$ 5,750,700

Note: DCHS portion only; other department portions not available

## **V. RECOMMENDATIONS TO UPDATE THE 1999 FRAMEWORK POLICIES**

In a separate document prepared for adoption by county ordinance are the proposed updates to the Framework Policies for Human Services. The proposed changes retain much of the direction of the 1999 original policies, but remove outdated policies, consolidate others, update language, and, in general, simplify the policies in order to make them more concise, understandable and accessible to the public. The three policies in that document are summarized as follows:

### **HS-1: King County has a strong regional role in human services, working with many partners to help those most in need**

King County joins the human services community in promoting healthy families and safe communities and building a coordinated regional human services system to serve the county's most vulnerable and at-risk residents. This work is accomplished through partnerships with many levels of government, service providers, civic and non-profit organizations, philanthropy, faith communities, businesses, schools, criminal justice agencies, human services advocates, and many others. King County is dedicated to working with its partners to identify and help the neediest individuals and families across the county achieve stability, recovery and an improved quality of life.

### **HS-2: King County's priorities for human service investments will be programs and services that help to stabilize and improve people's lives, and prevent or reduce emergency medical and criminal justice system involvement and costs**

In order to continue to improve quality of life, counterbalance growth in areas costly to taxpayers and communities and preserve the resources necessary to collaborate as a partner in regional human services systems, King County has identified priority areas where it will focus its human services efforts and resources.

### **HS-3: King County will apply principles that promote clarity, effectiveness, accountability and social justice**

King County will adhere to principles of public service in its human services-related actions and investments, including transparency in the administration of services, promotion of diversity, an orientation towards recovery and self-sufficiency, regional service system integration and coordination, and a focus on outcomes and performance measures developed in concert with the broad network of human services stakeholders and partners.

## **VI. PRIORITY AREAS FOR HUMAN SERVICE EFFORTS AND RESOURCES**

In order to have the greatest impact in helping those most in need and the highest return on its investment of resources, King County has identified four priority areas for county efforts and resources. These priorities link directly to key policy and practice areas in human services, such as justice system alternatives, ending homelessness, the service improvement plan for the Veterans and Human Services Levy, and other initiatives, as highlighted in this section.

### Effective Prevention and Intervention Strategies

Prevention and early intervention strategies look to identify and serve those most at-risk and most in need, in order to reduce or prevent more acute illness, high-risk behaviors, incarceration and other emergency or crisis responses. One of the guiding principles in the Public Health policy framework states, “King County will invest in prevention and health promotion strategies, recognizing that preventing ill health is ethically and financially preferable to treating avoidable conditions.” The Children and Family Commission supports early intervention programs that help young children get on the path to success at home and school. Other examples of prevention and early intervention in practice are birth to three services for infants and toddlers with developmental delays to prepare them for pre-school and primary education, and aging services that help seniors to remain safe and healthy in their own homes. Activities that prevent and respond to domestic violence and sexual assault help to reduce homelessness and impacts with the justice system and health systems. The Veterans and Human Services Levy Service Improvement Plan calls for “helping the community identify and expand the most effective means of promoting healthy development for children most at risk for dependency and criminal justice involvement in the long run.” The Service Improvement Plan, which will begin implementation in 2007, includes new and enhanced programs to help with family stabilization and maternal/child bonding through early interventions, and depression prevention for seniors.

### Job Readiness and Employment to Increase Self-sufficiency

Providing housing, treatment, education and mentoring services help vulnerable populations achieve stability, but the hope for independence and self-sufficiency requires meaningful employment. Throughout the Ten-Year Plan to End Homelessness, employment is cited repeatedly as fundamental to assisting people to increase self-sufficiency and end homelessness. The Veterans and Human Services Levy service improvement plan calls for adding employment goals and services to existing programs to help people prepare for and gain employment. The Mental Health Recovery Plan makes clear that a focus on outcomes such as employment, education and training are important components of recovery-oriented service plans. Other examples of employment efforts can be found in the Criminal Justice Initiatives and the Developmental Disabilities Working Age Policy, both of which work to provide a range of job readiness skill building and training to improve employment opportunities in the community.

### Prevention and Elimination of Homelessness

With the county council’s adoption of the Ten-Year Plan to End Homelessness, King County joined state, regional and local partners in embracing specific shared community goals and objectives that focus on *ending* homelessness, rather than merely managing it. A key focus is the development and implementation of stronger preventive measures to preclude at-risk individuals and families from becoming homeless. Priorities are based on evidence-based and promising practices such as housing first models, which rapidly house people with long histories of homelessness while also providing the supportive services they need to maintain that housing. The Veterans and Human Services Levy identified as one of its key goals the

reduction of homelessness among veterans and others in need, and levy implementation in several areas will be closely aligned with the CEHKC's Ten-Year Plan. The county's Criminal Justice Initiatives work to identify housing for individuals upon discharge from jail in order to prevent homelessness and improve outcomes of treatment services. In general, it is strongly believed that targeted investments in housing and supportive services helps individuals and families get back on their feet, rebuilds lives and communities, improves employability and independence, reduces the need for criminal justice and emergency response services, and in the long-run, saves both money and lives. The CEHKC in 2007 will focus efforts on new housing production; improving coordinated entry into services for people who are homeless through development of a common assessment tool; creating incentives to landlords to open their doors to tenants considered higher risk; discharge planning to ensure people exiting jails, psychiatric hospitals and foster care are not discharged into homelessness; and identifying effective job training and other services to help homeless people achieve gainful employment.

#### Services that Reduce the Growth of Emergency Medical and Criminal Justice System Involvement and Costs

Reducing impacts to the adult and juvenile justice systems is a key component of nearly every human services system improvement plan currently in place in King County. Reducing criminal justice impacts was the driving goal of both the JJOMP and the AJOMP, which laid out specific strategies for alternatives to detention and incarceration and identified system improvements designed to stabilize lives and reduce costs. Both feature programs that demonstrate, through solid research, measurable successes in reducing re-entry into the justice systems. The JJOMP includes, as one of its goals, to "improve prevention/community systems in order to identify high risk youth early and refer them to community-based services that are shown by solid research to reduce crime and delinquency." The Veterans and Human Service Levy service improvement plan calls for expansion of criminal justice programs that have demonstrated effectiveness in preventing incarceration and reducing recidivism in the criminal justice system, as a means to help veterans and others in need achieve and maintain stability and stay out of jail. Efforts now underway are building greater system integration between mental health and substance abuse treatment providers, criminal justice, employment, housing and welfare systems.

## **VII. CHALLENGES FOR THE FUTURE**

Just seven years ago, King County's fiscal crisis challenged the continuation of nearly all general fund-supported human services. Today, as a result of concerted efforts to focus on fewer priorities and targeting investments to those most in need, the county has established a stronger and more stable system to manage its limited current expense funded regional services as well as its state-mandated human services systems. The involvement of consumers, family members, service providers, local government, and other human service partners continues to be a significant factor in the revitalization of human services at the county level.

However, significant challenges remain. Both the Task Force on Regional Human Services and the Healthy Families and Communities (HFC) Task Force found that the need for human services far outstrip the available funds to provide those services. The four priority areas

represent difficult choices about how and where county funds shall be spent. While consensus has grown as to these particular priorities and target populations, the county and its partners have struggled with insufficient fund sources to support the full range of programs and services that help needy individuals and families – needs that differ in various parts of the county. Given current and projected fiscal constraints, it is unlikely the county’s discretionary financial contributions to regional services outside its priority areas will be greatly increased.

The challenges facing human services over the next several years include the following issues.

1. The 2006 HFC report estimated that funding for regional human services fell about \$83 million short of the need for those services. The estimate covered a range of countywide programs funded by the county and its partners. Passage of the Veterans and Human Services Levy and the creation of new state funding sources targeted to homelessness will generate much-needed new dollars that will provide funding for both priority areas and other regional services. However, the human services community will need to explore additional local and county funding options to close the gap.
2. The Regional Policy Committee (RPC), as part of the implementation plan for the Veterans and Human Services Levy, has a role to play in helping to address funding and service priority issues. Ordinance 15406 calls upon the RPC to draft a work plan and define a process to develop a regional human services plan. This plan, to be submitted to the King County Council, is to include an update of health and human services definitions and priorities based on the prior work of the committee in 2002 and 2005; is to be prepared in collaboration with providers and stakeholders; and is asked to address priorities for human services to be funded with local government, state and federal funds in coordination with private and foundation funds.
3. One potential new fund source is the call for councilmanic passage of a 0.1 percent sales tax increase to fund critically needed mental health and substance abuse services. This particular sales tax increase is allowable under a state law that enables counties to raise local sales taxes to fund behavioral health treatment services and therapeutic courts. This potential new fund source would improve access to care for low-income adults and youth with serious mental illness or chemical dependency, homeless people, and people exiting criminal justice or foster care systems.

Toward that end, the Executive called for a workgroup to review this issue and the county council, in July 2006, approved Motion 12320 calling for a three-part action plan to “prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case management services.” The first phase, submitted to council in September 2006, offered a review of system needs and steps that could be implemented within existing resources. The second phase due in March 2007 will propose changes in case processing to more effectively deal with the target populations, including possible diversion, deferred prosecution, alternatives to incarceration, and discharge planning. Phase Three will include a prevalence study, proposed service enhancements, a projection

of the necessary funding to develop and provide enhanced services, and identification of costs and benefits. The final report is due in May 2007.

A decision to pursue the 0.1 percent sales tax option in no way reduces the state's responsibility to adequately and appropriately fund mental health and substance abuse treatment services, nor is it meant to supplant state or federal funds. King County and its partners must continue to advocate strongly and repeatedly for a fair and reasonable share of all available state fund sources to improve access to treatment services for very low-income people in King County who need that care.

4. A significant challenge facing the county is the fragility of the health care safety net for people who are low-income and lack insurance. The rising costs of health care, the failure of Medicaid and other insurance reimbursements to keep pace with inflation, and the growing numbers of people who have no health insurance have created serious challenges for all parts of the health system, including the county's public health department. In 2005, King County launched a two-year Public Health Operational Master Plan (PHOMP) process, the objective of which is to develop a sustainable operational and financing model for the provision of essential public health services. As part of this work, recommendations will be issued that include: 1) options regarding service level and delivery of regional public health services; 2) options for improving the efficiency and effectiveness of the delivery of regional public health services and functions such as performance measurement and evaluation, organizational structure, contracting, and budgetary and financial accountability; and 3) options for stable funding for public health services. Further, in the adopted 2007 budget the King County Council included a proviso calling for a plan for the restructuring of personal health care and clinical services provided by the public health department; this work falls under the umbrella of the PHOMP. These critical planning efforts stand to shape the future of the region's health care safety net.
5. A new area of business in 2007 is the implementation of the Veterans and Human Services Levy. With the council's recent approval of the Service Improvement Plan, the county turns full attention to identifying system strategies and preparing Requests for Proposals (RFPs) to define program and service expectations for a range of levy-supported housing and supportive services. This represents a significant body of work over the first half of 2007 – to prepare the RFPs, evaluate the responses, select successful bidders, negotiate and execute new contracts, and implement service delivery. The county is committed to completing this work as quickly as possible, remaining mindful of the importance of ensuring a fair and equitable process for bidders, selection of the highest quality services for clients, involvement of human services partners, and transparency in the process. The county is also working to design a levy evaluation process that will demonstrate the successes as well as the challenges of the levy implementation and guide future planning, including the possibility of a levy renewal at the end of its six years.
6. Changing demographics may require targeted planning by the county. Between 1946 and 1964 – the so-called “baby boom” – 76 million people were born. Already a third, about 25 million, are now age 50 or older. Nationally, there were about 70,000 centenarians in 2000; in 2007, it is estimated there will be about 100,000; and by 2025 – about two million.

Between 2000 and 2010, King County’s population of people aged 60 and older is expected to grow from 239,857 to 313,456 – or from 13.8 percent of the county’s population to 16.8 percent. By the year 2025, those 60+ will represent about a quarter of the county’s population. Given these statistics, at the national and local levels careful planning is needed to prepare for the health and well-being of these aging “boomers,” as well as the related impacts expected to housing and employment arenas. The county will need to work with its partners in the local Area Agency on Aging, including the City of Seattle as the regional lead, and other key stakeholders including cities in planning and preparing for the impacts of our aging population. Another issue that may need study and future planning is the continuing influx of refugees to the King County area. Washington is the fourth largest refugee resettlement state in the United States and since 1996, 41 percent of refugee new arrivals have resettled in King County. The majority of the county’s refugees are from Southeast Asia (65%), followed by the former Soviet Union/Eastern Europe (21%), Africa (10%) and the Middle East (2.4%).

7. Another area of great concern centers on the lack of federal support for low-income housing development and employment programs, as witnessed by real and projected cuts to federal workforce funding and housing programs. Deeply distressing are any proposed cuts to Section 8 vouchers that are critical to helping house seniors and people with serious disabilities, community development block grant funds that help distressed communities, and other housing development funding programs. The county’s ability to implement the Ten-Year Plan to End Homelessness relies heavily on funding to build supportive housing, prevent people from entering homelessness, and help formerly homeless people train for jobs in today’s economy. The county, its many stakeholders, and private citizens must join together to advocate for these critical federal supports.
8. Finally, a continuing challenge for the county is ensuring system and program design and contracting processes that are consistent with best and promising practices and the framework policies, measure for outcomes, monitor for quality, and are accountable to the public. The county and its partners must work together in this regard, in an effort to continue to address issues around definitions, priorities, data reporting requirements, reporting processes and contracting procedures. The contracting processes for human services should focus on and support the revised framework policies, including the priorities for funding decisions. At this time, the application of framework policies does not apply to special programs funding.

## **VIII. RECOMMENDATIONS**

The HSRR offers the following recommendations for next steps:

1. The Metropolitan King County Council should approve, by ordinance, the updated Framework Policies for Human Services.
2. The King County Council should proceed with investigating increasing access to needed mental health and substance abuse treatment services by proceeding with planning for a 0.1 percent sales tax increase to create a new county fund source to augment current funding and open doors to treatment for certain high-risk individuals.



3. The Regional Policy Committee and other regional stakeholders should explore future regional human services funding options and other long-term strategic planning efforts to improve regional human services stability (as per Ordinance 15406).
4. The Department of Community and Human Services (DCHS) shall ensure county infrastructure improvements in contracting procedures for human services, systems planning, development and evaluation that are consistent with the King County Auditor's recommendations and contract management best and promising practices.
5. King County and its partners should advocate for adequate state, local and federal funding to support treatment, housing and employment services for at-risk youth and adults.
6. DCHS shall conduct reviews of regional service areas that have not been studied in recent years (e.g., domestic violence, sexual assault, aging, youth and family services, information and referral, homeless prevention and short-term emergency assistance such as food, and other programs) as a means of improving service coordination across county departments and maximizing resources. DCHS shall continue to review regional services for which King County has primary regional responsibility (mental health, developmental disabilities, etc.), to determine any emerging or unmet needs for clients and further opportunities for cross system planning and service delivery.
7. As part of the Public Health Operational Master Plan, DCHS and Public Health should jointly examine discretionary general fund dollars in Public Health (approximately \$25 million) to identify human services programs and funding and assure consistency with the Framework Policies for Human Services.

## **IX. IMPLEMENTATION PLAN**

Implementation of the revised policy framework and continuous quality improvement for the regional human services system over the next few years will include the following work items.

### **Part 1: Current Expense/Children and Family Set-Aside (CX/CFSA) Funds, Community Services Division**

During 2007 and 2008, DCHS and the Community Services Division (CSD) will phase in the implementation of the framework policies, along with the recommendations of the county auditor regarding revised contracting and evaluation processes.

#### Planning Assumptions

In aligning CX/CFSA investments with the framework policies and preparing to conduct Request for Proposal processes, CSD is proceeding from three basic planning assumptions:

1. The first assumption is that the county wishes to maintain its presence in each of the existing program areas listed in the following chart. These program areas have a long history of Executive and Council budget and policy support. In some cases (e.g., Women's Program) there is also an established advisory board. *CSD will not at this time branch out*

*into any new program areas with CX/CFSA funds but will work to refine the system integration aspects of current areas.*

2. The second assumption is that within each of these program areas, it is possible to align investments with the four strategies identified in HS-2 aimed at populations and communities most in need, and to apply the principles identified in HS-3 that promote effectiveness, accountability and social justice, as well as the recommendations of the Council auditor.
3. The third assumption is that, for program and RFP planning purposes, each program area will have an amount or share of CSD's CX/CFSA funds in 2008 that is similar to its amount or share in 2007. *Any future change in each program area's relative share (in order to increase or decrease the emphasis in that program area, or to add or even delete a program area) will be made through the county's annual budget process rather than through the process outlined below.* CSD shall make any such budget recommendations by taking into account (a) performance data and outcomes of the investments in each program area, and (b) the need to be responsive to changing human service needs and conditions.

### Implementation Steps

CSD will follow these general steps within each of the program areas identified:

1. Conduct a comprehensive review of existing investments and policies in the program area for consistency with the framework policies.
2. Identify cross system opportunities for collaboration with other county departments.
3. Develop and implement a process for identifying specific funding priorities for the county's investments within the program area, consistent with the framework policies and clarifying system issues and responsibilities. Elements of this process will include a review of best and promising practices, consideration of the priorities of other funding partners and opportunities for regional collaboration and outcome alignment; input from stakeholders; and identification of desired outcomes for the investments. The public will be kept informed via the DCHS Web pages.
4. Develop and carry out a competitive Request for Proposal (RFP) process based on those funding priorities. (In rare instances, an RFP may not be conducted; for example, it may be determined appropriate to seek a sole source contract or, where county staff already provides the service directly, to continue doing so).
5. Negotiate contracts that include appropriate performance targets, data collection requirements, and desired outcomes, and that link compensation to performance. Contracts will be closely monitored, and the information collected through the contracts will inform future decision-making, both at the individual contract level and at the program level (see planning assumption #3 above).

## Schedule

The schedule for each of the program areas is outlined as follows. It is anticipated that the program review and RFP process will be repeated on a regular basis, particularly if human service needs and conditions change significantly, or if performance data and outcomes of the investments in a program area lead decision-makers to judge it advisable.

<b>Program Area:</b>	Step 1: Review programs for congruence with Human Services Framework Policies	Step 2: Develop and implement a process for identifying specific funding priorities regarding each program area	Step 3: Conduct a Request for Proposal incorporating identified priorities, to be completed by:	Step 4: Negotiate contracts based on RFP, and that include appropriate data collection, performance requirements and outcomes
Youth Functional Family Therapy programs	Completed	Completed	5/07	5/07
Youth homeless shelters	5/07	6/07–8/07	10/07	11/07-12/07
Employment/job training	5/07	6/07–8/07	10/07 (some are currently RFP'd & others are implemented by KC staff)	11/07–12/07
Region-wide information & referral contracts	5/07	6/07–8/07	10/07	11/07–12/07
Joint review of health and human services programs in Public Health	4/07-8/07	4/07-8/07	Next steps to be determined	Next steps to be determined
Other youth contracts (intervention, prevention, etc., but not YSFA)	1/08-2/08	3/08-5/08	10/08	11/08-12/08
Youth and Family Service Agencies (YFSA)	1/08-2/08	3/08-5/08 Allocation formula currently governed by	10/08	11/08 -12/08

		K.C. Code; code change needed to RFP		
Homeless, homeless prevention contracts (includes contracts categorized adult CJ Intervention)	1/08-2/08 (will also be reviewed during 07 to see if some portions could be combined with RFPs for certain levy investment areas in 07)	3/08-5/08 (earlier if there is potential to combine with one of the levy RFPs)	Variable - Portions of the funds will likely be combined with non-CX/CFSA funds and included in housing/homeless RFPs scheduled for 07, 08, and 09	Variable – Most likely to be 11/08–12/08
Women’s Program Domestic violence/ sexual assault/ batterers treatment (includes contracts categorized Adult CJ Intervention)	1/08–2/08	3/08-5/08	10/08	11/08-12/08
Aging Program	1/08-2/08	3/08-5/08	10/08	11/08-12/08

## Part 2: Veterans and Human Services Levy Funds

The Veterans and Human Services Levy Service Improvement Plan (SIP) adopted by the council in 2006 set the basic funding parameters and desired outcomes for these funds. The SIP outlines five overarching investment strategies to achieve these outcomes, and calls for specific investments within each overarching strategy, with a corresponding dollar amount.

The council created two separate citizen oversight boards for the levy funds – a Veterans Levy Oversight Board and a Regional Human Services Oversight Board. These boards must review program designs or procurement plans for each of the investment areas before funds in that area may be spent, with a few exceptions. For example, the council authorized immediate expenditure of funds to expand existing veterans’ programs and services so that implementation could begin immediately, without waiting for the new veterans’ oversight board to be formed. Other exceptions could be around implementing the administrative strategies of enhanced data gathering and the like.

The SIP follows council direction in designating DCHS with responsibility for management and coordination of levy funds and service implementation. DCHS is working with other departments to establish the schedule for program designs and procurement plans, so that the

Oversight Boards can review and comment on them before they are implemented. The boards have already providing input on the first procurement plan, developed to address one-time capital dollars for homeless housing projects.

The tasks necessary to implement the levy investment strategies, including staff recruitment, creating a schedule for program designs and procurement plans to go before each board, preparing program designs and procurement plans, conducting RFP processes, and developing contracts or inter-agency agreements will take place throughout 2007. The public will be kept informed of the schedule for levy implementation via the Web at <http://www.metrokc.gov/dchs/levy/>

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